PTO/SB/50 (06-03)
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REISSUE PATENT APPLICATION TRANSMITTAL

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|--|---|---------------------------|--|--|--|--|--|--|--|--|
| Address to: | Attorney Doci | ket No. | 132005 | | | | | | | |
| : | First Named I | Inventor | J. Michael Dugan | | | | | | | |
| Mail Stop Reissue Commissioner for Patents | Original Pater | nt Number | 5,923,450 | | | | | | | |
| P.O. Box 1450 | Original Pater | | lulu 12, 1000 | | | | | | | |
| Alexandria, VA 22313-1450 | (Month/Day/Y Express Mail | | July 13, 1999 ER 454890495 US | | | | | | | |
| · | Express Mail | EA 454890495 03 | | | | | | | | |
| APPLICATION FOR REISSUE OF: (Check applicable box) Utility Patent Design Patent Plant Patent | | | | | | | | | | |
| APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS | | | | | | | | | | |
| 1. Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) | Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). | | | | | | | | | |
| 2. Applicant claims small entity status. See 37 CFR 1.27. | | 11. Original Patent Grant | | | | | | | | |
| Specification and Claims in double column copy of pate (amended, if appropriate) | ent format | R | Ribboned Original Patent Grant | | | | | | | |
| 4. Drawing(s) (proposed amendments, if appropriate) | | | Statement of Loss (PTO/SB/55) | | | | | | | |
| 5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52) | | 12. Foreign (if applie | Priority Claim (35 U.S.C. 119) cable) | | | | | | | |
| 6. Power of Attorney | | | tion Disclosure Copies of IDS ent (IDS)/PTO-1449 Citations | | | | | | | |
| 7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es)) | | | | | | | | | | |
| ✓ Written Consent of all Assignees (PTO/SB/53) | | | | | | | | | | |
| 37 CFR 3.73(b) Statement (PTO/SB/96) | ✓ 37 CFR 3.73(b) Statement | | | | | | | | | |
| 8. CD-ROM or CD-R in duplicate, Computer Program (Aport large table | pendix) | · | | | | | | | | |
| Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) | | | | | | | | | | |
| a. Computer Readable Form (CFR) | | | | | | | | | | |
| b. Specification Sequence Listing on: i | L | | | | | | | | | |
| ii paper | | | | | | | | | | |
| c. Statements verifying identity of above copies | | | | | | | | | | |
| 18. CORRES | PONDENCE A | DDRESS | | | | | | | | |
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| City | State |) | Zip Code | | | | | | | |
| Country Tele | phone | | Fax | | | | | | | |
| Name (Print/Type) Jessica W. Smith Registration No. (Attomey/Agent) 39,884 | | | | | | | | | | |
| | 1 | | | | | | | | | |
| Signature 3000 | <u> </u> | | ate March //, 2004 | | | | | | | |

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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| Co | omplete if Known |
| Application Number | 09/164,224 |
| Filing Date | September 30, 1998 |
| First Named Inventor | Dugan, et al. |
| Examiner Name | Kinfe-Michael Negash |
| Art Unit | 2733 |
| Attorney Docket No. | 132005 |

| METH | OD OF PAY | YMENT (check all tha | t apply) | FEE CALCULATION (continued) | | | | | | | |
|--|-------------------------|--|--|-----------------------------|---|-----------------------------|-------------|--|----------|--|--|
| Check | Credit card | Money Oth | er None | 3. ADDITIONAL FEES | | | | | | | |
| ✓ Deposit | eposit Account: | | | | | Large Entity Small Entity | | | | | |
| Deposit | ooit [| | | | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | |
| Account Number | | 50-0838 | | Code 1051 | 130 | 2051 | | Surcharge - late filing fee or oath | ree Paid | | |
| Deposit | | ALCATEL | | 1052 | 50 | 2052 | | Surcharge - late provisional filing fee or | | | |
| Account Name | | | | 1053 | 130 | 1053 | 120 | cover sheet Non-English specification | | | |
| | | o: (check all that apply) | | | 2.520 | ŀ | | For filing a request for ex parte reexamination | | | |
| | (s) indicated be | | | 1804 | 920* | 1804 | | Requesting publication of SIR prior to | | | |
| | | (s) or any underpayment of | | ,1004 | 020 | 1001 | 020 | Examiner action | | | |
| to the above-id | • • | elow, except for the filing t account. |) fee | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | | | |
| | FEE C | ALCULATION | | 1251 | 110 | 2251 | 55 | Extension for reply within first month | | | |
| 1. BASIC FI | | | | 1252 | 420 | 2252 | 210 | Extension for reply within second month | | | |
| Large Entity S | Small Entity | | | 1253 | 950 | 2253 | 475 | Extension for reply within third month | | | |
| | Fee Fee Code (\$) | Fee Description | Fee Paid | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | | | |
| | 2001 385 | Utility filing fee | | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | | | |
| 1002 340 | 2002 170 | Design filing fee | | 1401 | 330 | 2401 | 165 | Notice of Appeal | | | |
| 1003 530 | 2003 265 | Plant filing fee | | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | | | |
| 1004 770 | 2004 385 | Reissue filing fee | 770.00 | 1403 | 290 | 2403 | 145 | Request for oral hearing | | | |
| 1005 160 | 2005 80 | Provisional filing fee | | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | | | |
|] | S | SUBTOTAL (1) (\$) 7 | 70.00 | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | | | |
| Z. EXTRA C | LAIM FEE | Fee fro | om | | 1,330 | 2501 | | Utility issue fee (or reissue) | | | |
| Total Claims | | Extra Claims below | y Fee Paid | 1502 | 480 | 2502 | 240 | Design issue fee | | | |
| Independent | | ** = | ╡┇╾╾╾┤ | 1503 | 640 | 2503 | | Plant issue fee | | | |
| Claims Multiple Deper | | ··· · | ╡┇╾══┤ | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | | | |
| | | L | | 1807 | 50 | 1807 | 7 50 | Processing fee under 37 CFR 1.17(q) | | | |
| Large Entity Fee Fee | Small Entity Fee Fee | Fee Description | | 1806 | 180 | 1806 | | Submission of Information Disclosure Stmt | | | |
| Code (\$) | Code (\$) | | | 8021 | 40 | 802 | 1 40 | Recording each patent assignment per property (times number of properties) | | | |
| 1202 18 1201 86 | 2202 9 2201 43 | | | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection | | | |
| 1201 80 | 2201 43 | | | 1810 | 770 | 2810 | 385 | (37 CFR 1.129(a)) 5 For each additional invention to be | | | |
| 1204 86 | 2204 43 | | nt claims | | | | | examined (37 CFR 1.129(b)) | | | |
| | | over original patent | , | 1801 | 770 | 2801 | | Request for Continued Examination (RCE) | | | |
| 1205 18 | 2205 9 | ** Reissue claims in ea and over original par | | 1802 | 900 | 1802 | | Request for expedited examination of a design application | | | |
| | | | | | Other fee (specify) Additional Copies (5) | | | | | | |
| **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above \$\$ SUBTOTAL (3) (\$) | | | | | | | | | | | |

| SUBMITTED BY | | | | | (Complete (| if applicable)) |
|-------------------|------------------|------|--------------------------------------|--------|-------------|-----------------|
| Name (Print/Type) | Jessica W. Smith | 1 10 | Registration No. (Attorney/Agent) | 39,884 | Telephone | 972-477-9109 |
| Signature | aemora | Lith | | | Date | March/6, 2004 |

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PTO/SB/56 (08-03)
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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | | | | Docket Number (Optional) | | | | | |
|---|------------|------------------------|---------|--------------------------------------|--------------|-------------------------------------|---|--------------------------|--------------------------|---------|---------------|-------|-------------------------------------|-------------|
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | 132005 | | | | | |
| Claims as Filed – Part 1 (1) (2) (3) Small Entity Other than a Small En | | | | | | | | | all Entity | | | | | |
| | | Claims in Patent | F | ber Filed in Reissue plication | Number Extra | | a | Rate | | Fee | | | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) Independent claims | | (A) 8 | (B) | 8 | *** | . 0 | = | x \$= | | | | | x \$= | |
| (37 CFR 1.16(i)) | | (C) 4 | (D) | 4 | * | 0 , | = | ×\$ | = | | | or | x \$= | |
| | | | | | | Basic Fee (3 | 37 CFR 1.16(h)) | | \$ | | | | \$ | |
| | | | | | | Total Filing F | -ee | | | \$ | | | OR | \$ |
| | | | | | Cla | ims as Amen | ded | – Part 2 | | | | | | |
| | CI | (1) | ainina | | Lliab | (2) | Ι, | (3) | | Small E | ntity | | Other than a S | mall Entity |
| | | aims Rem ter Ameno | | | P | est Number reviously Paid For | c | Extra laims resent | Rate | | Fee | | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | | | MINUS | ** | 20 | * : | • | X\$= | | | | x \$ = | |
| Independent Claims (37 CFR 1.16(i)) | *** | | | MINUS | **** | | = | | x \$ _ | = | | | x \$= | |
| | | | | | | | Total Additional Fee \$ | | | | | | OR | \$ |
| * If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | | | | | | | | |
| Please charge Deposit Account Number 50-0838 in the amount of Charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 50-0838 A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | |
| A check in the | amo | ount of \$ | | | | | _ to cover the filing/additional fee is enclosed. | | | | | | | |
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| | Da 89,8 | | | | | | | - | -81g/ra | | J <u>essi</u> | ica W | orney or Agent of J. Smith ted name | of Record |

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